Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2022/23

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission **during the financial year 2022/23**. This will not reflect the totality of your work but will cover those areas where you do not already report progress nationally through other means.

The survey is primarily composed of single option and multiple-choice questions, but we want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all of these in place. We have also included open text questions where you can share more detail.

We do not expect you to go out to services in order to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these at an ADP level.

We are aware of some element of duplication with regards to questions relating to MAT Standards and services for children and young people. To mitigate this, we've reviewed the relevant questions in this survey and determined the ones that absolutely need to be included in order to evidence progress against the national mission in the long-term. While some of the data we are now asking for may appear to have been supplied through other means, this was not in a form that allows for consistently tracking change over time.

The data collected will be used to better understand the challenges and opportunities at the local level and the findings will be used to help inform the following:
- The monitoring of the National Mission;
- The work of a number of national groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The priority areas of work for national organisations which support local delivery.

The data will be analysed and findings will be published at an aggregate level as Official Statistics on the Scottish Government website. All data will be shared with Public Health Scotland to inform drug and alcohol policy monitoring and evaluation, and excerpts and/or summary data may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations and so we would encourage you to publish your return.

The deadline for returns is Monday 19th June 2023. Your submission should be signed off by the ADP and the IJB, with confirmation of this required at the end of the questionnaire. We are aware that there is variation in the timings of IJB meetings so please let us know if this will be an issue.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Cross-cutting priority: Surveillance and Data Informed

Q1) Which Alcohol and Drug Partnership (ADP) do you represent?
[single option, drop-down menu]

Perth & Kinross ADP

Q2) Which groups or structures were in place **at an ADP level** to inform surveillance and monitoring of alcohol and drug harms or deaths? (select all that apply)
[multiple choice]
☐ Alcohol harms group
☐ Alcohol death audits (work being supported by AFS)
☒ Drug death review group
☒ Drug trend monitoring group/Early Warning System
☐ None
☐ Other (please specify):

Q3a) Do Chief Officers for Public Protection receive feedback from drug death reviews?
(select only one)
[single option]
☐ Yes
☒ No
☐ Don't know

Q3b) If no, please provide details on why this is not the case.
[open text – maximum 255 characters]

At present, IDART review alcohol related deaths if the service user dies in service. There are occasions where service users who are open due to alcohol issues die as a result of drug use, and they are reviewed in the same process. IDART receive information from Public Health about deaths, and they are reported on DATIX, NHS Tayside's risk reporting system. A local adverse event review (LAER) is planned and take place. All services involved in the care of the service user are invited. The review looks for any learning or good practice that can be identified and shared. Learning is shared in IDART by memos to staff and discussion in team meetings. This approach can lead to a change in practice where improvement is identified. It is an opportunity for the family to receive feedback and support around the death of a loved one.

Q4a) As part of the structures in place for the monitoring and surveillance of alcohol and drugs harms or deaths, are there local processes to record lessons learnt and how these are implemented? (select only one)
[single option]
☒ Yes
☐ No
☐ Don't know

Q4b) If no, please provide details.
[open text – maximum 255 characters]

Cross-cutting priority: Resilient and Skilled Workforce

Q5a) What is the whole-time equivalent staffing resource routinely dedicated to your ADP Support Team as of 31st March 2023.
[open text, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	3.7
Total vacancies (whole-time equivalent)	0

Q5b) What type of roles/support (e.g. analytical support, project management support, etc.) do you think your ADP support team might need locally? Please indicate on what basis this support would be of benefit in terms of whole-time equivalence.
[open text – maximum 255 characters]

The current staffing resource comprises 1 Lead Officer, 1 Development Officer, 0.5 MAT Standards Project Officer, 0.4 Business Improvement Officer, 0.3 Contracts and Commissioning Officer, 2 x 0.1 Finance Officers, 1x 0.1 Admin support and 0.17 Analyst. The ADP support team would benefit from more dedicated support as presently, only 3 posts (2.5 WTE) are employed to provide this, with the others splitting their time between the ADP and other services. In particular, having a dedicated 1.0 WTE Recovery Communities Development Officer would support and enhance the development of recovery communities across Perth and Kinross.

Q6a) Do you have access to data on **alcohol and drug services** workforce statistics in your ADP area? (select only one)
[single option]
☐ Yes
☐ No (please specify who does):
☒ Don't know

6b) If yes, please provide the whole-time equivalent staffing resource **for alcohol and drug services** in your ADP area.
[open text, decimal]

Total current staff (whole-time equivalent)	
Total vacancies (whole-time equivalent)	

Q7) Which, if any, of the following activities are you aware of having been undertaken in your ADP area to improve and support workforce wellbeing (volunteers as well as salaried staff)? (select all that apply)
[multiple choice]
☒ Coaching, supervision or reflective practice groups with a focus on staff wellbeing
☒ Flexible working arrangements
☒ Management of caseload demands

☒ Provision of support and well-being resources to staff
☒ Psychological support and wellbeing services
☐ Staff recognitions schemes
☐ None
☐ Other (please specify):

Cross cutting priorities: Lived and Living Experience

Q8a) Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience using services you fund? (select all that apply)
[multiple choice]
☒ Feedback/complaints process
☒ Questionnaire/survey
☐ No
☐ Other (please specify):

Q8b) How do you, as an ADP, use feedback received from people with lived/living experience and family members to improve service provision? (select all that apply)
[multiple choice]

	Lived/living experience	Family members
Feedback used to inform service design	☒	☒
Feedback used to inform service improvement	☒	☒
Feedback used in assessment and appraisal processes for staff	☐	☐
Feedback is presented at the ADP board level	☒	☒
Feedback is integrated into strategy	☒	☒
Other (please specify)		

Q9a) How are **people with lived/living experience** involved <u>within the ADP structure</u>?
(select all that apply)
[multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other (please specify)
Board representation at ADP	☐	☒	☒	
Focus group	☐	☐	☐	
Lived experience panel/forum	☐	☒	☒	
Questionnaire/ surveys	☐	☒	☒	
Other (please specify)				

Q9b) How are **family members** involved <u>within the ADP structure</u>? (select all that apply)
[matrix, multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other stage (please specify)
Board representation at ADP	☒	☒	☒	
Focus group	☐	☒	☒	
Lived experience panel/forum	☐	☐	☐	
Questionnaire/ surveys	☐	☒	☒	
Other (please specify)				

Q9c) If any of the above are in development for either people with lived/living experience and/or family members, please provide details.
[open text – maximum 2000 characters]

PKADP is currently in the process of developing a Living Experience Group. This is an SDF (Scottish Drugs Forum) supported group. This is 'Engagement Group' which focuses on supporting people who are using services to take an active part in the ADP by giving feedback to a management group, which is made up of key members of the Adult Delivery Group. This supports the ADP's aims around the MAT Standards. The ADP Development Officer is the direct link to the Engagement Group and meets regularly with them to discuss ways of engaging and feeding back to the ADP.

Once the Engagement Group has been established, it is intended that this group will be represented at the ADP Strategy Group, thereby enabling the group to play an active role in strategic planning.

Q10) What monitoring mechanisms are in place to ensure that services you fund are encouraged/supported to involve people with lived/living experience and/or family members in the different stages of service delivery (i.e. planning, implementation and scrutiny)?
[open text – maximum 2000 characters]

All funding applications are submitted using our ADP funding application template. This asks the requester to consider how their project matches our priorities as outlined in our Strategic Delivery Plan. Cross cutting priority 1 in the plan is "Lived experience at the heart". This seeks to ensure that people with lived experience will play a key role in system and service development. Therefore, all funded projects are required to ensure people with lived experience are involved with the proposed project. Following the award of funding, ADP contracts and commissioning colleagues employ a logic model and service specification to establish outcomes. Performance is regularly monitored with monitoring employed to evidence that the outcomes are being met/achieved.

Q11) Which of the following support is available to people with lived/living experience and/or family members to reduce barriers to involvement? (select that apply)
[multiple choice]
☒ Advocacy
☒ Peer support
☒ Provision of technology/materials
☒ Training and development opportunities
☒ Travel expenses/compensation
☒ Wellbeing support
☐ None
☐ Other (please specify):

Q12a) Which of the following volunteering and employment opportunities for people with lived/living experience are offered by services in your area? (select all that apply)
[multiple choice]
☒ Community/recovery cafes
☒ Job skills support
☒ Naloxone distribution
☒ Peer support/mentoring
☐ Psychosocial counselling
☐ None
☐ Other (please specify):

Q12b) What are the main barriers to providing volunteering and employment opportunities to people with lived/living experience within your area?
[open text – maximum 2000 characters]

People with lived experience are employed by several partner organisations such as Hillcrest Futures and IDART. However, the geography of Perth and Kinross poses challenges in providing volunteering and employment opportunities, with travel throughout the often region often required.

Q13) Which organisations or groups are you working with to develop your approaches and support your work on meaningful inclusion? (select all that apply)
[multiple choice]
☒ MAT Implementation Support Team (MIST)
☒ Scottish Drugs Forum (SDF)
☒ Scottish Families Affected by Drugs and Alcohol (SFAD)
☐ Scottish Recovery Consortium (SRC)
☐ None
☐ Other (please specify):

Cross cutting priorities: Stigma Reduction

Q14) Do you consider stigma reduction for people who use substances and/or their families in any of your written strategies or policies (e.g. Service Improvement Plan)? (select only one)
[single option]
☒ Yes (please specify which): The current P&K ADP Strategic Delivery Plan 2020-23
☐ No
☐ Don't know

Q15) Please describe what work is underway to reduce stigma for people who use substance and/or their families in your ADP area.
[open text – maximum 2000 characters]

The current ADP Strategic Delivery plan has stigma as our 3rd Cross-cutting Priority. We aim to address stigma in our communities by working together and individually to reduce stigma across Perth and Kinross. This will result in people with lived experience of substance use experiencing less stigma, as will staff who work in substance use services.

We have identified 3 key actions to achieve these outcomes. Firstly, we will support local activity to challenge stigma. The ADP has previously supported Hillcrest Futures in the developed of its overdose campaign which was developed in partnership with people who have lived experience of substance use. The campaign has continued to raise awareness of the risk factors of drug-related overdose, provide safety advice and reduce community stigma around overdose. Posters for the campaign were distributed to hostels, GPs, pharmacies and local partner agencies.

The ADP has also supported the pan-Tayside Language Matters campaign which challenges the use of negative language towards people who use substances. This is part of wider work in response to the recommendations from the Dundee Drugs Commission.

Our second and third key actions focus on supporting the Scottish Government's work to tackle stigma. The Scottish Government recently published a new Stigma Strategy Action Plan. This will see the Government coproduce interventions to tackle social stigma and commission the third sector to establish and deliver a national programme of work. In addition, the Scottish Government will design an accreditation scheme for businesses and services which will include commitments to take defined and measurable actions to challenge and remove structural stigma. The Scottish Government will commission the third sector and living and lived experience community to deliver this.

Fewer people develop problem substance use

Q16) How is information on local treatment and support services made available to different audiences **at an ADP level** (not at a service level)? (select all that apply) [multiple choice]

	Non-native English speakers (English Second Language)	People with hearing impairments	People with learning disabilities and literacy difficulties	People with visual impairments	Other audience (please specify)
In person (e.g. at events, workshops, etc)	☒	☒	☒	☒	
Leaflets/posters	☐	☐	☐	☐	
Online (e.g. websites, social media, apps, etc.)	☒	☒	☒	☒	
Other (please specify)					

Q17) Which of the following education or prevention activities were funded or supported by the ADP? (select all that apply)
[multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)	25+ (adults)	Parents	People in contact with the justice system	Other audience (please specify)
Counselling services	☒	☒	☒	☒	☒	☒	☒	
Information services	☐	☒	☒	☒	☒	☒	☒	
Physical health	☐	☐	☐	☒	☒	☒	☒	
Mental health	☒	☒	☒	☒	☒	☒	☒	
Naloxone	☐	☐	☐	☒	☒	☒	☒	
Overdose awareness and prevention	☐	☐	☐	☒	☒	☒	☒	
Parenting	☐	☐	☐	☒	☒	☒	☒	
Peer-led interventions	☐	☐	☒	☒	☒	☒	☒	
Personal and social skills	☐	☐	☒	☒	☒	☒	☒	
Planet Youth	☐	☐	☐	☐	☐	☐	☐	
Pre-natal/pregnancy	☐	☐	☒	☒	☒	☒	☒	
Reducing stigma	☐	☐	☒	☒	☒	☒	☒	
Seasonal campaigns	☐	☐	☐	☒	☒	☒	☒	
Sexual health	☐	☐	☒	☒	☒	☒	☒	
Teaching materials for schools	☐	☒	☒	☒	☐	☐	☐	
Wellbeing services	☐	☐	☐	☒	☒	☒	☒	
Youth activities (e.g. sports, art)	☐	☒	☒	☒	☐	☐	☐	
Youth worker materials/training	☐	☒	☒	☒	☐	☐	☐	
Other (please specify)								

Risk is reduced for people who use substances

Q18a) In which of the following settings is **naloxone** supplied in your ADP area? (select all that apply)
[multiple choice]
☐ Accident & Emergency departments
☒ Community pharmacies
☒ Drug services (NHS, third sector, council)
☐ Family support services
☐ General practices
☒ Homelessness services
☐ Justice services
☐ Mental health services
☒ Mobile/outreach services
☐ Peer-led initiatives
☒ Women support services
☐ None
☒ Other (please specify): HMP Perth and HMP Castle Huntly

Q18b) In which of the following settings is **Hepatitis C testing** delivered in your ADP area? (select all that apply)
[multiple choice]
☐ Accident & Emergency departments
☐ Community pharmacies
☒ Drug services (NHS, third sector, council)
☐ Family support services
☒ General practices
☐ Homelessness services
☐ Justice services
☐ Mental health services
☐ Mobile/outreach services
☐ Peer-led initiatives
☐ Women support services
☐ None
☐ Other (please specify):

Q18c) In which of the following settings is the **provision of injecting equipment** delivered in your ADP area? (select all that apply)
[multiple choice]
☒ Accident & Emergency departments
☒ Community pharmacies
☒ Drug services (NHS, third sector, council)
☐ Family support services
☐ General practices
☐ Homelessness services
☐ Justice services
☐ Mental health services
☐ Mobile/outreach services
☐ Peer-led initiatives
☐ Women support services
☐ None
☐ Other (please specify):

Q18d) In which of the following settings is **wound care** delivered in your ADP area? (select all that apply)
[multiple choice]
☒ Accident & Emergency departments
☐ Community pharmacies
☒ Drug services (NHS, third sector, council)
☐ Family support services
☒ General practices
☐ Homelessness services
☐ Justice services
☐ Mental health services
☐ Mobile/outreach services
☐ Peer-led initiatives
☐ Women support services
☐ None
☐ Other (please specify):

Q19a) Are there protocols in place to ensure **all** prisoners identified as at risk are offered with naloxone upon leaving prison? (select only one)
[single option]
☒ Yes
☐ No
☐ No prison in ADP area

Q19b) If no, please provide details.
[open text – maximum 255 characters]

People most at risk have access to treatment and recovery

Q20a) Are referral pathways in place in your ADP area to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? (select only one)
[single option]
☒ Yes
☐ No
☐ Don't know

Q20b) If yes, have people who have experienced a near-fatal overdose been successfully referred using this pathway? (select only one)
[single option]
☒ Yes
☐ No
☐ Don't know

Q20c) If no, when do you intend to have this in place?
[open text – maximum 255 characters]

Q21) In what ways have you worked with justice partners? (select all that apply)
[multiple choice]
☒ Contributed towards justice strategic plans (e.g. diversion from justice)
☒ Coordinating activities
☒ Information sharing
☒ Joint funding of activities
☒ Justice partners presented on the ADP
☒ Prisons represented on the ADP (if applicable)
☒ Providing advice/guidance
☐ None
☐ Other (please specify):

Q22a) Do you have a prison in your ADP area? (select only one)
[single option]
☒ Yes
☐ No

Q22b) Which of the following activities did the ADP support or fund at the different stages of engagement with the justice system? (select all that apply)
[multiple choice]

	Pre-arrest	In police custody	Court	Prison (if applicable)	Upon release	Community justice
Advocacy	☐	☐	☐	☐	☒	☒
Alcohol interventions	☐	☒	☐	☒	☒	☒
Alcohol screening	☐	☐	☐	☐	☐	☐
Buvidal provision	☐	☐	☐	☒	☒	☒
Detoxification	☐	☐	☐	☐	☐	☒
Drugs screening	☐	☐	☐	☐	☐	☐
Psychological screening	☐	☐	☐	☐	☐	☐
Harm reduction	☒	☒	☐	☒	☒	☒
Health education	☐	☐	☐	☐	☐	☒
"Life skills" support or training (e.g. personal/social skills, employability)	☒	☒	☐	☒	☒	☒
Opioid Substitution Therapy (excluding Buvidal)	☐	☒	☐	☒	☒	☒
Peer-to-peer naloxone	☒	☒	☐	☒	☒	☒
Recovery cafe	☐	☐	☐	☒	☒	☒
Recovery community	☐	☐	☐	☒	☒	☒
Recovery wing	☐	☐	☐	☒	☐	☐
Referrals to alcohol treatment services	☒	☒	☐	☒	☒	☒
Referrals to drug treatment services	☒	☒	☐	☒	☒	☒
Staff training	☒	☒	☐	☒	☒	☒
Other (please specify)						

Q23a) How many recovery communities are you aware of in your ADP area?
[open text, integer]

7

Q23b) How many recovery communities are you actively engaging with or providing support to?
[open text, integer]

7

Q24a) Which of the following options are you using to engage with or provide support to recovery communities in your area? (select all that apply)
[multiple choice]
☒ Funding
☒ Networking with other services
☒ Training
☐ None
☐ Other (please specify):

Q24b) How are recovery communities involved **within the ADP**? (select all that apply)
[multiple choice]
☒ Advisory role
☒ Consultation
☒ Informal feedback
☒ Representation on the ADP board
☐ Recovery communities are not involved within the ADP
☐ Other (please specify):

People receive high quality treatment and recovery services

Q25) What treatment or screening options are in place to address **alcohol harms**? (select all that apply)
[multiple choice]
☒ Access to alcohol medication (Antabuse, Acamprase, etc.)
☒ Alcohol hospital liaison
☒ Alcohol related cognitive testing (e.g. for alcohol related brain damage)
☒ Arrangements for the delivery of alcohol brief interventions in all priority settings
☒ Arrangement of the delivery of alcohol brief interventions in non-priority settings
☒ Community alcohol detox
☒ In-patient alcohol detox
☒ Fibro scanning
☒ Psychosocial counselling
☐ None
☐ Other (please specify):

Q26) Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? (select all that apply)
[multiple choice]
☐ Current models are not working
☐ Difficulty identifying all those who will benefit
☐ Further workforce training required
☒ Insufficient funds
☒ Lack of specialist providers
☐ Scope to further improve/refine your own pathways
☐ None
☐ Other (please specify):

Q27) Have you made any revisions in your pathway to residential rehabilitation in the last year? (select only one)
[single option]
☐ No revisions or updates made in 2022/23
☒ Revised or updated in 2022/23 and this has been published
☐ Revised or updated in 2022/23 but not currently published

Q28) Which, if any, of the following barriers to implementing MAT exist in your area? (select all that apply)
[multiple choice]
☐ Difficulty identifying all those who will benefit
☐ Further workforce training is needed
☒ Insufficient funds
☐ Scope to further improve/refine your own pathways
☐ None
☐ Other (please specify):

Q29a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **alcohol**? (select all that apply) [multiple choice]

	13-15 (secondary S1-4)	16-24 (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)	☐	☒
Diversionary activities	☒	☒
Employability support	☐	☒
Family support services	☒	☒
Information services	☒	☒
Justice services	☐	☒
Mental health services	☒	☒
Outreach/mobile	☒	☒
Recovery communities	☐	☒
School outreach	☒	☒
Support/discussion groups	☒	☒
Other (please specify)		

Q29b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years)** and **5-12 (primary)** affected by **alcohol**.
[open text – maximum 2000 characters]

> **Hopscotch** – 1:1 therapeutic and didactic family support to children and young people and parents/ carers impacted by substance use. Uses a relationship-based, trauma-informed and Whole Family Approach
>
> **Space4U** – 1:1 family sessions providing a range of intensive emotional/ practical support to children and young people and families impacted by substance use, mental health and domestic abuse. Supports families who are on the cusp of requiring social work support. Uses a relationship-based trauma-informed and Whole Family Approach.
>
> **Family Mentoring Service** – Supports families to achieve their goals using a Whole Family Approach with goal-focused mentoring. Uses a WFA tool developed as part of an ADP multi-agency group. Supports families who are on the cusp of requiring social work support.
>
> **TCA Family Sessions** – This is an offer of family group sessions, facilitated by 2 staff, of which one is a trained counsellor. The focus is on supporting communication developing a whole family recovery plan.
>
> **Kith 'n' Kin** – The service offers support to kinship carers and the children in their care where parents are unable to care due to substance use issues. The service offers 1:1 and group support and school holiday activity programmes.
>
> **IDART** – The service offers family group therapy, in addition to sign-posting and harm reduction information and intervention.
>
> **Hillcrest Futures Young People's Drug and Alcohol Service** – The services uses a 4-tier intervention model aimed at providing interventions rom universal awareness to a structures 6-8 week programme using a variety of tools and resources to support a young person's substance use.

Change is a Must – This is a multi-agency partnership between Perth and Kinross Council and IDART. The team offers assessment and intensive family support for infants and their families affected by issues such as parental substance use, parental mental health issues and domestic violence.

Q30a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **drugs**? (select all that apply) [multiple choice]

	13-15 (secondary S1-4)	16-24 (young people)
Diversionary activities	☒	☒
Employability support	☐	☒
Family support services	☒	☒
Information services	☒	☒
Justice services	☐	☒
Mental health services	☒	☒
Opioid Substitution Therapy	☐	☒
Outreach/mobile	☒	☒
Recovery communities	☐	☒
School outreach	☒	☒
Support/discussion groups	☒	☒
Other (please specify)		

Q30b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years)** and **5-12 (primary)** affected by **drugs**.

[open text – maximum 2000 characters]

Hopscotch – 1:1 therapeutic and didactic family support to children and young people and parents/ carers impacted by substance use. Uses a relationship-based, trauma-informed and Whole Family Approach

Space4U – 1:1 family sessions providing a range of intensive emotional/ practical support to children and young people and families impacted by substance use, mental health and domestic abuse. Supports families who are on the cusp of requiring social work support. Uses a relationship-based trauma-informed and Whole Family Approach.

Family Mentoring Service – Supports families to achieve their goals using a Whole Family Approach with goal-focused mentoring. Uses a WFA tool developed as part of an ADP multi-agency group. Supports families who are on the cusp of requiring social work support.

TCA Family Sessions – This is an offer of family group sessions, facilitated by 2 staff, of which one is a trained counsellor. The focus is on supporting communication developing a whole family recovery plan.

Kith 'n' Kin – The service offers support to kinship carers and the children in their care where parents are unable to care due to substance use issues. The service offers 1:1 and group support and school holiday activity programmes.

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Quality of life is improved by addressing multiple disadvantages

Q31) Do you have specific treatment and support services in place for the following groups? (select all that apply)
[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)	☐	☒
People from minority ethnic groups	☐	☒
People from religious groups	☐	☒
People who are experiencing homelessness	☐	☒
People who are LGBTQI+	☐	☒
People who are pregnant or peri-natal	☐	☒
People who engage in transactional sex	☐	☒
People with hearing impairments	☐	☒
People with learning disabilities and literacy difficulties	☐	☒
People with visual impairments	☐	☒
Veterans	☐	☒
Women	☒	☐
Other (please specify)		

Q32a) Are there formal joint working protocols in place to support people **with co-occurring substance use and mental health diagnoses** to receive mental health care? (select only one)
[single choice]
☐ Yes (please provide link here or attach file to email when submitting response):
☒ No

Q32b) If no, please provide details.
[open text – maximum 255 characters]

> The ADP is a member of the HIS-led Integrated Mental Health and Substance Use Pathfinder Steering Group. The Pathfinder Project seeks to improve outcomes for people with a dual diagnosis of mental ill health and substance use by developing a new model and pathway of care, with a view to developing and delivering integrated and inclusive mental health and substance use services.
>
> Following an initial discovery phase, local working groups have been established to review local service design. A Tayside working group has also been established to bring together the work of the local pathways to produce an overall Tayside pathway.

Q33) Are there arrangements (in any stage of development) within your ADP area for people who present at substance use services with mental health concerns **for which they do not have a diagnosis**?
[open text – maximum 2000 characters]

> A key action in the Perth and Kinross Community Mental Health and Wellbeing Strategy 22-25 is to develop a model for integrated mental health and substance use provision. Local

work to date has seen the creation of a service manager post with responsibility for both mental health and substance use services. Additionally, the ADP has funded a social work post within its IDART service to specifically work with people who are experiencing both substance use and mental health issues.

The ADP is also funding a test of change which will see the establishment of a new Multiagency Mental Health triage meeting and out-of-hours crisis support service for people who experience mental health and substance use issues.

Q34) How are you, as an ADP, linked up with support service **not directly linked to substance use** (e.g. welfare advice, housing support, etc.)?
[open text – maximum 2000 characters]

The ADP works with a range of partners, many of which are not directly linked to substance use. This can be evidenced by considering 3 areas of ADP work

ADP Groups membership: In addition to key statutory and third sector substance use services, membership of the ADP Strategy Group and various ADP subgroups includes a range of other services. These include: Police Scotland, Scottish Prison Service (SPS), PKC Housing, Scottish Fire and Rescue Service (SFRS), Independent Advocacy Perth and Kinross (IAPK), Community Justice and Safety, Mental Health, Primary Care, Schools and Services for Young People.

Third Sector collaborative: The ADP is a member of the Perth and Kinross Third Sector Collaborative. This is a collaborative of third sector organisations with an interest in community justice, safety and substance use outcomes. Members of the collaborative include organisations working in housing, welfare rights, employability and mental health. Being a member of the collaborative has afforded the ADP the opportunity to make slinks with a range of organisations that are not currently part of the ADP.

Voluntary Throughcare test of change: The ADP and Community Justice are currently piloting a new voluntary throughcare model for short-term and remand prisoners from Perth and Kinross who are residing in HMP Perth. This has resulted in the ADP working with a range of service providers, including those from justice, housing, welfare rights and employability.

Q35) Which of the following activities are you aware of having been undertaken in local services to implement a trauma-informed approach? (select all that apply)
[multiple choice]

☒ Engaging with people with lived/living experience

☒ Engaging with third sector/community partners

☒ Recruiting staff

☒ Training existing workforce

☒ Working group

☐ None

☐ Other (please specify):

Children, families and communities affected by substance use are supported

Q36) Which of the following treatment and support services are in place for **children and young people** (under the age of 25) **affected by a parent's or carer's substance use**? (select all that apply)
[multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)
Carer support	☒	☒	☒	☒
Diversionary activities	☐	☐	☒	☒
Employability support	☐	☐	☐	☒
Family support services	☒	☒	☒	☒
Information services	☒	☒	☒	☒
Mental health services	☒	☒	☒	☒
Outreach/mobile services	☐	☐	☒	☒
Recovery communities	☐	☐	☐	☒
School outreach	☒	☒	☒	☒
Support/discussion groups	☒	☒	☒	☒
Other (please specify)				

Q37a) Do you contribute toward the integrated children's service plan? (select only one)
[single option]
☒ Yes
☐ No
☐ Don't know

Q37b) If no, when do you plan to implement this?
[open text – maximum 255 characters]

Q38) Which of the following support services are in place **for adults** affected by **another person's substance use**? (select all that apply)
[multiple choice]
☒ Advocacy
☒ Commissioned services
☒ Counselling
☒ One to one support
☒ Mental health support
☒ Naloxone training
☒ Support groups
☒ Training
☐ None
☐ Other (please specify):

Q39a): Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? (select only one)
[single option]
☒ Yes
☐ No
☐ Don't know

Q39b) Please provide details.
[open text – maximum 255 characters]

The current ADP Strategic Delivery Plan 20-23 outlines key priorities and actions that are broadly aligned with the Framework. Current ADP activity is therefore designed to deliver the aims of the Strategic Delivery Plan. Key activities include: ensuring people with lived experience are seen in the context of their families and friends; providing support to children affected by substance use and working with children and adult services to develop an improved interface that will provide support that is joined up and comprehensive and thus ensuring that services are family inclusive as part of their practice.

The ADP has funded several projects that are designed to implement a Whole Family Approach. These include providing funding for a resource worker for the Family Mentoring Project, which supports families to achieve their goals using a Whole Family Approach with goal-focused mentoring; proving funding for a project worker for the Families Empowering Communities project, which is a community-led intervention which seeks to reduce disadvantage and inequality for families by encouraging co-designed solutions and foster better collaborative working between community members and services; and providing funding for a mental health nurse for the Change is a Must project, which is a multi-agency partnership between PKC and IDART and offers assessment and intensive family support for infants and their families affected by parental substance use issues.

The ADP is also a member of the Whole Family Wellbeing Fund Steering Group which aims to increase provision of early intervention and preventative holistic family support that

addresses the needs of families, including those with substance use issues, at the earliest time of need.

Q40) Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place? (select all that apply)
[multiple choice]

	Family member in treatment	Family member **not in treatment**
Advice	☒	☒
Advocacy	☒	☒
Mentoring	☒	☒
Peer support	☒	☒
Personal development	☒	☒
Social activities	☒	☒
Support for victims of gender based violence	☒	☒
Other (please specify)		

Confirmation of sign-off

Q41) Has your response been signed off at the following levels?
[multiple choice]
☒ ADP
☒ IJB
☐ Not signed off by IJB (please specify date of the next meeting):

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the forthcoming ADP annual report, scheduled for publication in the autumn.

Please do not hesitate to get in touch via email at substanceuseanalyticalteam@gov.scot should you have any questions.

[End of survey]